



Department of Veterans Affairs- Department of Defense Joint Executive Committee

Annual Joint Report Fiscal Year 2020

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(as of September 30, 2020)

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SECTION 1 – INTRODUCTION

The Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee is pleased to submit the VA-DoD Joint Executive Committee Fiscal Year (FY) 2020 Annual Joint Report, for the period of October 1, 2019 to September 30, 2020, to Congress as required by 38 United States Code § 8111(f). The intent of the Annual Joint Report is to provide Congress with information about the collective accomplishments of the two Departments and highlight current efforts to improve joint coordination and resource sharing. This report does not contain recommendations for legislation.

The Joint Executive Committee provides senior leadership with a forum for collaboration and resource sharing between VA and DoD. In accordance with 38 United States Code § 320, the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness co-chair the Joint Executive Committee. The Joint Executive Committee consists of the leaders of the Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee¹, additional Independent Working Groups, and other senior leaders designated by each Department.

The Joint Executive Committee works to remove barriers and challenges that impede collaborative efforts, asserts and supports mutually beneficial opportunities to improve business practices, ensures high quality cost-effective services for VA and DoD beneficiaries, and facilitates opportunities to improve resource utilization. Through a joint strategic planning process, the Joint Executive Committee recommends to the Secretaries the strategic direction for joint coordination and sharing efforts between the two Departments and oversees the implementation of those efforts.

The VA-DoD Joint Executive Committee FY 2020 Annual Joint Report links accomplishments to the following four strategic goals established in the VA-DoD Joint Executive Committee Joint Strategic Plan FY 2019-2021: (1) Health Care; (2) Benefits and Services; (3) Efficiencies of Operation; and (4) Interoperability. This approach clarifies the connection between strategic planning and outcomes achieved through VA and DoD coordination, collaboration, and sharing efforts.

The Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, and Independent Working Groups are comprised of more than 40 Working Groups, Centers of Excellence, boards, and areas of oversight. See [Appendix A](#) for details.

¹ Formerly the Interagency Program Office Executive Committee.

SECTION 2 – ACCOMPLISHMENTS

This section highlights the FY 2020 accomplishments of the Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, and Independent Working Groups. These accomplishments reflect the efforts of VA and DoD to improve resource sharing between the Departments and further the mission to optimize the health and well-being of Service members, Veterans, and their eligible beneficiaries. The report also acknowledges some planned activities for FY 2021.

GOAL 1 – Health Care

Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value consistently across the two Departments.

Objective 1.1. Suicide Prevention

The VA-DoD-Department of Homeland Security Suicide Prevention Joint Action Plan Implementation Team is an inter-departmental working group that is focused on implementing and tracking the outcomes of the Joint Action Plan for Executive Order 13822, *Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life*. In response to Executive Order 13822, VA, DoD, and the Department of Homeland Security published a plan in May 2018 to ensure transitioning Service members and Veterans have seamless access to mental health and suicide prevention resources. Leadership in VA, DoD, and the Department of Homeland Security oversee the implementation of the plan and report to the Joint Executive Committee. The VA-DoD Suicide Prevention Joint Action Plan Implementation Team was chartered in December 2018 to continue to provide oversight for Joint Action Plan tasks.

The period when Service members separate or retire from the military can include multiple adjustments (e.g., location, career, relationships, family roles, support systems, social networks, community, and financial) and can be a period of increased risk of suicide for some Service members and Veterans. As a result of Executive Order 13822, the Departments continue to work together to improve services during transition by doing the following: providing a full continuum of evidence-based mental health care; anticipating and responding to Veteran needs; and supporting all Service members as they reintegrate into their communities as Veterans.

The Joint Action Plan initiatives are organized under the following three overarching goals:

- 1) Ensure all transitioning Service members are aware of and have access to mental health resources;
- 2) Ensure the needs of at-risk Veterans are identified and addressed; and
- 3) Improve mental health and suicide prevention services for individuals that have been identified in need of care.

The collaboration between the Departments directly impacts suicide prevention efforts aimed at transitioning Service members, including members of the Reserve and National Guard, United States Coast Guard, and Veterans. The Joint Action Plan consists of 16 initiatives. At the close of FY 2020, 15 of these initiatives were complete and the Joint Executive Committee leadership is tracking metrics to measure impact. The Joint Executive Committee leadership continues to track progress to completion on the remaining initiative.

Activities and milestones accomplished in FY 2020 include the following:

Early and Consistent Contact

DoD provides VA with Service member contact details and identifies Service members needing priority contact. VA then conducts outbound calls to all Service members at key intervals after separation (e.g., 90-, 180-, 365-days). Specially trained VA representatives utilize active scripting to provide information on access to peer support, availability of mental health care, eligibility for health care and eligibility for VA benefits; a list of available local and national resources; and a name and a point of contact for any immediate needs. In addition to calls, Veterans receive information on benefits and eligibility in written format (e.g., email or regular mail). From December 1, 2019 through September 30, 2020, VA contacted 69,980 transitioning Service members and Veterans², which represents an overall contact success rate of 56.6 percent and a 73.4 percent successful contact rate for Priority Veterans³. VA has hired approximately 100 specially trained VA representatives to support this effort.

Peer Support

DoD, through Military OneSource, implemented peer support outreach to transitioning Service members during the first-year post-separation from the military and a warm hand-off for transitioning Service members in need of (or requesting) additional psychosocial support to follow-on peer support services. The outreach effort has resulted in contact with 100 percent of transitioning Service members that opted-in with valid emails. The goal of the warm hand-off effort is follow-on peer engagement, within 180 days post-transition, for 90 percent of transitioning Service members who received a warm hand-off to peer support services. As of September 30, 2020, 100 percent of transitioning Service members who received a warm hand-off to peer support services were connected to peer support. This percentage does not include transitioning Service members who received referrals to other psychosocial support services, such as non-medical counseling, prior to the warm hand-off process. The process was formalized at the installation level in June 2020.

² Represents unique/initial contacts across all three stages.

³ For this effort, “Priority Veterans” refers to Veterans identified by DoD who had a mental health care appointment during the last year of Active Duty. Additionally, Service members having three or more identified risk factors are further stratified.

Support for Underserved Populations

The VA's Readjustment Counseling Service, in collaboration with DoD's Psychological Health Center of Excellence, developed and implemented a referral process that guides Vet Center counselors through a referral matrix that includes access to DoD consultation. The collaboration ensured that each Vet Center (300) and district leaders were briefed on the referral process. In FY 2020, the Readjustment Counseling Service experienced a 10 percent increase in the number of Service members seen for military sexual trauma and a 28 percent increase in military sexual trauma services provided to Service members compared to FY 2019.

The Departments continue to collaborate to increase awareness of mental health and suicide prevention resources for all transitioning Service members; expand access to care; and ensure the seamless transition of mental health care for Service members and Veterans. VA and DoD are committed to addressing the issue of suicide among Service members and Veterans. As further demonstration of this commitment, the Departments are collaborating with multiple interagency partners to implement a national public health roadmap, known as the *President's Roadmap to Empower Veterans and End a National Tragedy of Suicide*, in response to Executive Order 13861, *National Roadmap to Empower Veterans and End Suicide*, signed by President Trump on March 5, 2019.

Objective 1.2. Individual Longitudinal Exposure Record

The Health Executive Committee's Deployment Health Working Group continues to jointly develop the VA and DoD electronic Individual Longitudinal Exposure Record to capture occupational and environmental exposures for Service members and Veterans. The Individual Longitudinal Exposure Record will connect individuals by time, place, event, and all-hazard exposure monitoring data with medical encounter information (diagnosis, treatment, and laboratory data), across the Service member's career. The Individual Longitudinal Exposure Record will be available to VA and DoD health care providers, epidemiologists, medical researchers, and VA disability evaluation and benefits determination specialists.

The Individual Longitudinal Exposure Record technology solution will improve the quality and quantity of information available to facilitate exposure-related health care, assessment of exposure histories for individuals and populations, disability evaluations, and benefits determinations. The Individual Longitudinal Exposure Record will increase communication and transparency between VA, DoD, Congress, beneficiaries, and other stakeholders. Finally, the system will provide a foundation for prospectively following exposed cohorts for the potential long-term or latent health effects that could be attributable to occupational and environmental exposures.

VA and DoD achieved Individual Longitudinal Exposure Record initial operating capabilities on September 30, 2019. In FY 2020, the Departments built on this achievement by completing the following major milestones and activities: connected more than 1.25 million Service members and Veterans to documented exposures; awarded development contracts and initiated full operating capability development; added additional epidemiology functionality to the initial operating capability; integrated six authoritative data sources with additional data sources anticipated; continued to facilitate collaborations across multiple disciplines, and; developed an

initial roadmap and timeline for integrating the Individual Longitudinal Exposure Record with the Federal Electronic Health Record System.

The team completed multiple Individual Longitudinal Exposure Record version releases, followed by independent system verification and validation testing, with no significant findings and have maintained a high user approval rating. The team completed an Individual Longitudinal Exposure Record Initial Operating Capability roll out plan in March 2020 to expand the Individual Longitudinal Exposure Record user base to a limited “primary audience” that includes a user group from each of the Services’ public health clinical/medical care communities and the Defense Health Agency Occupational and Environmental Health Branch. Additional users from specialty clinical/medical care and primary care managers will be added according to the roll out schedule. The number of trained users in VA and DoD has increased from 80 in 2019 to 221 by September 30, 2020. About 2/3 of VA facilities have at least one trained Individual Longitudinal Exposure Record user as of September 30, 2020. This will approach 100 percent in early FY 2021. The Individual Longitudinal Exposure Record users are critical to providing feedback for further development. VA and DoD will continue to work together to refine and expand the system to achieve full operating capabilities by September 2023.

Objective 1.3. Base Access

The Joint Executive Committee Base Access Working Group was established in 2013 to develop and communicate enterprise-wide guidance to ensure VA patients have access to DoD installations and facilities that provide health care for Veterans through local sharing agreements.

VA and DoD achieved a long-standing and significant goal by establishing consistent enterprise-wide DoD installation access standards policy and procedures that consider the needs of Veterans and their caregivers. On January 2, 2019, DoD published DoD Manual 5200.08, Volume 3, *Physical Security Program: Access to DoD Installations*. The policy requires individuals to provide acceptable credentials to prove identity; fitness for unescorted access; and purpose for the visit. The policy lists acceptable credentials that will satisfy DoD’s requirements for proving identity and purpose for seeking access and includes the Veteran Health Identification Card, which is a VA identification card used for enrolled Veterans accessing health care containing the Veteran’s picture and a scannable bar code. Fitness is determined by a one-time, on-the-spot check to search for criminal records and terrorism concerns. Veteran Health Identification Cards can be enrolled for recurring installation access.

The impact of this policy for Veterans is significant because it streamlines previously localized access policies to improve standardization, automates as much of the process as possible to reduce variance, and establishes one-time processes for Veterans to improve efficiency. These improvements effectively balance installation security needs with Veterans’ needs to access medical facilities, commissary, exchange, and certain morale, welfare, and recreation retail facilities on an installation.

The Military Departments worked throughout FY 2020 to fully implement the requirements in DoD Manual 5200.08, Volume 3. As of September 30, 2020, approximately 71,000 Veteran Health Identification Card credentials were enrolled for recurring access. Once a Veteran Health

Identification Card has been enrolled in DoD's electronic physical access control system, the cardholder can go directly to the gates of the identity matching engine for security and analysis-enabled installations, scan their Veteran Health Identification Card, and be granted access without going into an installation's Visitor's Center. As of September 30, 2020, all Navy, Air Force, Marine Corps, and approximately 40 Army installations/bases are identity matching engine for security and analysis-enabled capable.

While VA and DoD efforts have historically been focused on Veterans and caregivers seeking base access for health care, the Departments expanded efforts in FY 2019 to address Veterans and caregivers seeking other types of benefits. Section 621 of the National Defense Authorization Act for FY 2019 authorized the extension of commissary, exchange, and certain morale, welfare and recreation retail facility privileges to certain Veterans and caregivers. The Base Access Working Group continues to work closely with the Patronage Expansion Working Group to address installation access requirements for this population. See the Additional Accomplishments Section of this report for more details on [Patronage Expansion](#) efforts.

GOAL 2 – Benefits and Services

Deliver comprehensive benefits and services through an integrated client-centric approach that anticipates and addresses client needs.

Objective 2.1. Military-to-Civilian Transition

The Joint Executive Committee approved the Military to Civilian Readiness framework in September 2019. The Military to Civilian Readiness overarching framework establishes the transition period as the 365 critical days prior to separation through the 365 critical days post-separation and beyond. Military to Civilian Readiness satisfies and builds upon several components of Executive Order 13822, *Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life*, as well as the National Defense Authorization Act for FY 2019, Sections 522 and 552. The framework includes six steps, across several life domains which have been identified as critical to a successful transition for Service members, Veterans their families and caregivers:

- 1) Baseline Wellbeing Assessment;
- 2) Transition Assistance process;
- 3) Separation Health Exam process;
- 4) Eligibility for Benefits 30-days prior to separation and an Individualized Statement of Benefits at Discharge;
- 5) Post separation programs, including expanded Military OneSource access and the VA Solid Start Program; and
- 6) Additional post separation touchpoints.

Military to Civilian Readiness aligns the myriad of transition activities under one overarching framework and is complementary to current military to civilian support programs, thus providing a more defined exit pathway. The framework ensures that Service members and Veterans: (1) receive comprehensive, standardized, and individualized assessments across both Departments, (2) are informed and educated about all VA and DoD benefits and services they are eligible for, (3) are equipped with the tools they need to succeed and reintegrate into their communities, and (4) achieve sustainable economic well-being. Military to Civilian Readiness provides interagency support while ensuring a holistic and successful transition. Partners include, but are not limited to, VA, DoD, and Department of Labor.

To meet the congressionally mandated Transition Assistance Program and other mandatory transition functions, VA, DoD, and Department of Labor, along with other interagency partners, provide a variety of courses, one-on-one engagements and learning opportunities to transitioning Service members, Veterans, family members and caregivers. During the first two quarters of FY 2020, the VA Benefits and Services course was briefed to over 69,637 transitioning Service members in-person at 237 locations worldwide. The VA Benefits and Services Participant Guide was recognized with two industry awards from the Association of Marketing and Communications Professionals. The Participant Guide received Platinum awards in the Benefits Publication and Program Guide Publication and in the Print Materials category. Additionally, to ensure the health and safety of all Transition Assistance Program participants and instructors during the COVID-19 pandemic, in-person classes were temporarily halted in March 2020 and Transition Assistance Program shifted to virtual classes during the last two quarters of FY 2020. The Transition Assistance Program curriculum was virtually accessed by 99,308 attendees from March 16 through September 30, 2020.

Through FY 2020, 93.8 percent of the transitioning Service members who participated in the Transition Assistance Program, in person, reported having gained valuable information, which enhanced their confidence in transition. The VA portion of the Transition Assistance Program received a 95.8 percent customer satisfaction rating as of the third quarter FY 2020. VA had more than 312,651 individual touchpoints to Service members, military spouses, caregivers and survivors across all of VA's transition assistance offerings.

To increase an understanding of, and access to, VA and DoD benefits and services, VA is partnering with DoD to offer nine distinct Military Life Cycle training modules to Service members throughout their military careers and beyond. These modules cover a Service member's journey from initial entry into the military service through separation and the Veteran journey. In FY 2020, VA delivered 469 Military Life Cycle modules via an instructor-led classroom modality, resulting in more than 10,619 touchpoints with Service members, Veterans and their loved ones. Available Military Life Cycle modules include:

- Reserve Component Dual Payments;
- Social and Emotional Health Resources;
- Survivor and Casualty Assistance Resources;
- VA Benefits 101;

- VA Education Benefits;
- VA Home Loan Guaranty Program;
- VA Life Insurance Benefits;
- Vet Centers; and
- Community Integration Resources.

VA and DoD work together to provide the Women's Health Transition Training, a transition resource designed to educate transitioning Service women about available VA health care services. The Women's Health Transition Training is designed to improve health outcomes among women Veterans and enhance connectivity to the VA health care system. The successful pilot program between the VA and United States Air Force was approved by the Joint Executive Committee in the fourth quarter of FY 2019 for enterprise-wide expansion. It is projected to be available to all transitioning Service women by the end of FY 2021.

As part of the pre-separation Military to Civilian Readiness framework, VA and DoD developed the Baseline Well-Being Assessment. The Transition Assistance Program Executive Council approved the Enterprise Individualized Self-Assessment tool as the instrument to meet Executive Order 13822 and National Defense Authorization Act for FY 2019 requirements to allow for Service members to take a self-assessment to ensure they are placed in the appropriate transition pathway. VA and DoD are working collaboratively on the online platform to host the Enterprise Individualized Self-Assessment in development, using a four phased implementation plan, with planned development complete in September 2021.

The Departments are committed to improving the separation exam process to meet the requirements of separating Service members, efficiently, effectively, and with minimum duplication of efforts. In collaboration with subject matter experts throughout VA, DoD, and the Services, the Separation Health Assessment Working Group leads this effort in alignment with the broader objectives of the Military to Civilian Readiness (see [Objective 2.2](#) for details on Separation Health Assessment Working Group accomplishments).

In September 2020, the Joint Executive Committee approved the concept for an enhanced Individualized Statement of Benefits at Discharge. The Enhanced Statement of Benefits will provide transitioning Service members and/or Veterans a modernized tool that will create a personalized enterprise-wide benefits and services statement, based on their inputs, in one centralized application. The Enhanced Statement of Benefits will also provide a single-entry point for transitioning Service members and/or Veterans to simultaneously apply to all applicable VA benefits and services with a simple and intuitive interface. The Transition Assistance Program Executive Council will develop the implementation plan and present it to the Joint Executive Committee for approval in the second quarter of FY 2021.

In response to Executive Order 13822, *Supporting Our Veterans During the Transition from Uniformed Service to Civilian Life*, VA, DoD and the Department of Homeland Security issued a Joint Action Plan to provide seamless access to mental health care and suicide prevention

resources. On December 2, 2019, VA, in coordination with DoD and the Department of Homeland Security, launched the VA Solid Start Program to make early, consistent, and caring contact with transitioning Service members and newly separated Veterans. VA Solid Start proactively calls all eligible newly separated Veterans at three stages during their first year after separation (around 90, 180, and 365 days post-separation) to establish their relationship with VA and ensure their awareness of benefits and services, lower their barrier to entry into VA mental health care, and support their successful transition into civilian life. Based off data provided by DoD, VA Solid Start prioritizes calls to Veterans who had a mental health appointment within the last year of their Active Duty service. Specially trained VA representatives address issues or challenges the Veteran mentions during the call with both direct VA benefits and/or partner resources. VA Solid Start representatives are also trained to connect former Service members in crisis to the Veterans Crisis Line. VA sends a personalized email with additional information and resources to Veterans after each call.

In FY 2020, VA Solid Start successfully contacted 69,980 Veterans across all three stages, with a successful contact rate of 56.6 percent, and a 73.4 percent successful contact rate for Priority Veterans. VA Solid Start also transferred 18 Veterans to the Veterans Crisis Line. VA Solid Start has ongoing call efforts to Veterans at each of the three stages (90, 180, and 365 day) at this time.

Access to the Military OneSource program expanded from 180- to 365-days after separation as part of the Military to Civilian Ready framework and Executive Order 13822, and later enacted in the National Defense Authorization Act for FY 2019. This expansion allowed Military OneSource to 1) conduct direct outreach to transitioning Veterans, 2) create a new transitioning Veterans case type, and 3) receive peer support warm handovers from the Transition Assistance Program. In FY 2020, Military OneSource conducted e-mail outreach to 100 percent of transitioning Service members who opted-in for contact to inform them of the availability of Military OneSource's 24/7 call center and website services. Furthermore, in FY 2020, Military OneSource assisted 3,032 cases of all types for transitioning Veterans within the one-year eligibility period - an 89 percent increase over FY 2019.

Overall, Military OneSource assisted 4,737 cases for eligible transitioning Service members and their families, representing a 51 percent increase compared to FY 2019. The top three case types were non-medical counseling, tax services, and information and referral. While the most common reason for seeking non-medical counseling was for relationship issues, 29 percent of transitioning Service members and their families sought non-medical counseling for reasons outside the scope of Military OneSource's short-term, solution-focused counseling. In these cases, Military OneSource consultants facilitated connections to other helping agencies, including providers of mental health care.

The Post Separation Assessment Outcome Study was first executed in FY 2019. The purpose of the multi-year study is to analyze the effect of participation in the Transition Assistance Program on the long-term outcomes of Veterans in the broad life domains of employment, education, health and social relationships, financial, overall satisfaction, and well-being. The Post Separation Transition Assistance Program Outcome Study focuses on the Transition Assistance Program and Veterans' long-term outcomes from a holistic perspective. The 2019 report was published in June 2020 and the 2020 Post Separation Transition Assistance Program was

executed during the summer, with a final report to be published in the spring of 2021.

2019 Post Separation Transition Assistance Program highlights from the respondents that participated in the Transition Assistance Program:

- Over 80 percent found overall Transition Assistance Program experience useful;
- Approximately 80 percent understood their VA benefits and were more likely to apply for VA benefits;
- About 67 percent adjusted well to civilian life and/making progress towards civilian goals; and
- More than 60 percent are very satisfied with their lives post- military service.

Objective 2.2. Mandatory Separation Health Examinations

As an interagency and interdisciplinary forum, with advisory and oversight functions as an Independent Working Group under the Joint Executive Committee, the VA-DoD Separation Health Assessment Working Group continues to collaborate on a single, joint Separation Health Assessment, commonly referred to as One Separation Health Assessment, for Service members separating from Active Duty and Reserve Component members demobilizing from Active Duty orders. This includes Service members who make a concurrent request, or may make a future request, for VA disability compensation or services. The Separation Health Assessment Working Group coordinates closely with the Benefits Executive Committee and Health Executive Committee on matters within their respective portfolios. The Separation Health Assessment Working Group engages subject matter experts across agencies and disciplines to address issues of benefits adjudication, clinical quality, military readiness, patient safety, patient experience, and effective use of Federal Electronic Health Record System capabilities.

Service members are required to receive a Separation Health Assessment before they transition out of the military. The Separation Health Assessment helps DoD ensure the Service member's health care needs are addressed before separating and provides a final documentation in the Service Treatment Record that VA can use to help determine Service connections in evaluating future disability claims. If Service members apply for VA benefits before discharge, VA will perform the assessment. In this case, VA needs a copy of the Service Treatment Record before performing the assessment, and DoD needs a copy of the completed Separation Health Assessment Disability Benefits Questionnaire to include in the official Service Treatment Record before the Service member separates. Without the ability to share information electronically, Service members are required to courier a copy of their own Service Treatment Record to VA.

The Separation Health Assessment Working Group has worked since 2018 to implement an interface for VA and DoD electronic systems to share information to replace manual Separation Health Assessment processes. In FY 2019, VA and DoD established the capability for VA to transmit all completed Separation Health Assessment Disability Benefits Questionnaires back to DoD electronically.

In FY 2020, the Benefits Executive Committee endorsed the Separation Health Assessment Working Group's proposal for the Veterans Benefits Administration to leverage electronic pre-separation service treatment information as a foundation for considering Service members' applications for Benefits Delivery at Discharge. This new process eliminates burdensome requirements for Service members to obtain and transmit records to the Veterans Benefits Administration, reduces time-consuming administration at military medical treatment facilities and speeds the application process by as much as 50 percent. Furthermore, with interagency technical support, the Separation Health Assessment Working Group is working toward testing and full implementation of the electronic availability of baseline clinical data for the Benefits Delivery at Discharge population in FY 2021.

The Separation Health Assessment Working Group also made substantial progress toward efficiencies in clinical aspects of the Separation Health Assessment, moving closer to a single, joint separation physical and mental health assessment, One Separation Health Assessment. The Joint Executive Committee established future objectives for the Separation Health Assessment Working Group to develop and implement the One Separation Health Assessment, utilizing common questions, terminology, and processes to satisfy requirements of the clinical and benefits communities. Functional subject matter experts are identifying baseline elements for inclusion in the One Separation Health Assessment, including both subjective patient histories and objective clinical evaluations. Interagency subgroups of clinicians are working to ensure that the One Separation Health Assessment criteria are clinically sufficient, with specialty groups covering the areas of audiology, mental health, women's health, environmental and occupational exposure, traumatic brain injury, vision, and dental health.

With continuing input and support from the Military Services' and subject matter experts from the Veterans Benefits Administration and the Veterans Health Administration, the Separation Health Assessment Working Group is committed to solutions that will meet the requirements of separating Service members, efficiently, effectively, and with minimum duplication of efforts. Within DoD, the Separation Health Assessment Working Group requirements and workflows are coordinated by the Assistant Secretary of Defense for Health Affairs, through experts at the Army, Navy, Air Force, Marines, Coast Guard, and the Defense Health Agency. The Separation Health Assessment Working Group seeks to minimize duplication of separation physical and mental health examinations of Service members. To further ensure attention to patient safety and experience, the Separation Health Assessment Working Group seeks to align its efforts to the broader objectives of Military to Civilian Readiness.

Objective 2.3. Military Personnel Data Transmission

VA and DoD continue to develop Information Technology solutions to ensure appropriate Departments, agencies, Service members, Veterans, and representatives have immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status. This work is coordinated through the Information Sharing/Information Technology Working Group under the Benefits Executive Committee and the Military Personnel Data Working Group under the Information and Technology Executive Committee. These groups also facilitate the electronic exchange of personnel and benefits data between VA and DoD and leverage VA-DoD enterprise architectures.

eBenefits

The VA-DoD eBenefits Web portal was established in 2009 to provide Service members, Veterans, their families, and authorized caregivers with a single sign-on, central access point to clinical and benefits information. In 2018, VA.gov was redesigned to be more user-friendly and consolidate online access to VA benefits and services. As such VA and DoD began planning to migrate capabilities of the eBenefits portal to VA.gov. In FY 2020, VA and DoD completed the migration of several popular features, including filing a claim, claims status and changing direct deposit account information. While the eBenefits portal is still active, Veterans and other users are now logging in and using VA.gov more than eBenefits. VA and DoD are currently coordinating the final sunset of eBenefits in FY 2022.

Dual Compensation

By law, Service members who have a VA disability rating may not receive VA compensation payments at the same time they receive military pay, which includes both drill pay and Active Duty pay. As such, most Service members waive their VA disability compensation pay in lieu of military pay for inactive duty training and Active Duty periods. VA and DoD continue to pursue improvements to the adjustment process for Veterans in receipt of dual compensation and to reduce improper payments.

In November 2018, VA added efficiency to the existing process by automatically batch processing dual compensation adjustments-based on data from DoD's Defense Manpower Data Center. VA receives personnel data from Defense Manpower Data Center within 24 hours of entry into DoD's personnel system. The process resulted in the Veteran receiving due process of the proposed adjustment, and dependent upon the response received, the VA disability compensation award was automatically adjusted after 65 days.

FY 2019 was the first time VA conducted an automated batch process for Reserve drill pay adjustments. In FY 2020 was the first time VA conducted an automated batch process for those Veterans that returned to Active Duty. VA identified 2,046 cases where Veterans returned to Active Duty and were still in receipt of VA disability compensation benefits. As such, VA processed 582 cases through the batch process and another 1,464 through manual processing. This included 172 cases in which the Veterans responded to VA's due process letters and VA took immediate action.

To eliminate the respondent burden on Veterans who are unable to respond to VA notification due to activation and in an effort to further minimize Veteran overpayments, VA and DoD continue to explore options to minimize overpayments and thereby minimizing financial impacts to Service members.

Military Personnel Data Quality

In October 2019, VA and DoD resolved gaps in Service member deployment records by completing the Reload of Deployment Data. The Reload included 6.9 million deployment periods and 16.6 million deployment locations. As a result, combat eligibility and environmental monitoring for hazardous can now be more easily determined, thus simplifying access to benefits and health services for Veterans.

VA and DoD completed conversion of all Department of Defense Form 214 and Department of Defense Form 215 information to an electronic format in November 2019, thus meeting the Joint Executive Committee milestone established for the first quarter of FY 2020. This action supports efforts to digitally modernize Service member separation data and enable a paperless, standard record for end users, thus ensuring data privacy and supporting faster, data-driven decisions at all levels. DoD's transmission of medals and awards service data also went in live in FY 2020 and is currently in use by VA business lines for various eligibility determinations.

In December 2019, VA completed its requirements for "Research Request," creating an automated system that standardized an existing, largely manual process currently in place, where the VA line of business can request "research" of a member's service record, by Branch, if it is suspected that the authoritative electronic record might be inaccurate or missing. If any information is deemed inaccurate or missing, the respective Service Branch is responsible for processing the update. This new functionality will simplify VA's ability to coordinate requests for corrections to eligibility data for programs like patronage expansion.

GOAL 3 – Efficiencies of Operation

Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.

Objective 3.1. Cemetery Transfers

In 2018, VA and DoD agreed to transfer operation, maintenance, and perpetual care of select military cemeteries currently maintained by the Department of Army to VA's National Cemetery Administration. The transfer was intended to increase operational efficiency, limit mission overlap, and ensure perpetual maintenance of cemeteries to national shrine standards in recognition of the service and sacrifice of those interred therein. Transferring the care of these cemeteries to the National Cemetery Administration, whose primary mission is to operate and maintain national Veterans' cemeteries, enables the Army to focus their operations and maintenance resources on mission and readiness, while also reducing duplication of efforts. This initiative will better serve the Veteran and military community by ensuring access to burial benefits and improving the perpetual care and maintenance of these military cemeteries.

In FY 2019, VA and Army worked together and developed a phased approach to the execution of 11 cemetery transfers. VA and Army also collaborated with the Department of Interior's Bureau of Land Management, and the General Services Administration to obtain the suitability assessment and delegation of authorities necessary to transfer eight of the 11 cemeteries. In June 2019, VA and the Army successfully completed the transfer of Fort Lawton Post Cemetery. This initial transfer informed the series of subsequent transfers that took place in FY 2020.

In FY 2020, VA and Army successfully transferred the remaining 10 Army post cemeteries as listed below:

- 1) Fort Missoula Post Cemetery (October 2019);
- 2) Fort Sheridan Post Cemetery (December 2019);

- 3) Fort Douglas Post Cemetery (December 2019);
- 4) Vancouver Barracks Post Cemetery (March 2020);
- 5) Benicia Arsenal Post Cemetery (September 2020);
- 6) Fort Worden Post Cemetery (September 2020);
- 7) Fort Stevens Post Cemetery (September 2020);
- 8) Fort Devens Post Cemetery (September 2020);
- 9) Fort McClellan Post Cemetery (September 2020); and
- 10) Fort McClellan Enemy Prison of War Cemetery (September 2020).

The National Cemetery Administration and Army executed an agreement for Army to continue providing cemetery operational support for up to six months beyond the date of each cemetery transfer, providing the National Cemetery Administration with needed flexibility to execute site-specific contracts and ensure continuity of operations, maintenance, and improvement efforts, after the time of transfer. The National Cemetery Administration operational support contracts were implemented in FY 2020 for Fort Lawton, Fort Missoula, Fort Sheridan, Fort Douglas, and Vancouver Barracks. Operational contracts for the remaining cemeteries will be executed in FY 2021.

Objective 3.2. Movement of Medical Personnel

In 2017, the President signed into law the VA Choice and Quality Employment Act of 2017. Section 207 of the law states that, “The Secretary of Veterans Affairs shall establish a program to encourage an individual who serves in the Armed Forces with a military occupational specialty relating to the provision of health care to seek employment with the Veterans Health Administration when the individual has been discharged or released from service in the Armed Forces or is contemplating separating from such service.” The Veterans Health Administration has developed a three-pronged approach to encourage transitioning Service members to consider employment at the Veterans Health Administration: 1) The Military Transition and Training Advancement Course, 2) the Intermediate Care Technician Program, and 3), direct marketing to transitioning Service members.

First, the Veterans Health Administration partnered with DoD military installations--Walter Reed National Military Medical Center, Keesler Air Force Base and Pensacola Naval Air Station--to pilot the Military Transition and Training Advancement Course, which is an entry-level training program for Service members currently enrolled in the transition process who anticipate being released from Active Duty within 90- to 180-days. Service members hired through the Military Transition and Training Advancement Course are trained on a VA occupation with an established training plan such as, but not limited to, medical support assistants. The goal is to hire the Service members into the Veterans Health Administration immediately upon separation. The pilot successfully completed nine classes with 39 transitioning Service members having graduated from the course. The first seven of these 39

Service members to transition to civilian status in FY 2020 have all been offered employment with VA. As the other Service members transition, VA will work with them on a case-by-case basis for potential employment in VA. VA medical centers are being encouraged to work directly with nearby military installations to launch the program locally.

Second, the established Veterans Health Administration Intermediate Care Technician Program trains former military medics and corpsmen to be Intermediate Care Technicians, a new role created in 2017, to augment the VA medical workforce, leveraging the skillset of this population within Emergency Medicine and Specialty Care areas. Intermediate Care Technicians are aligned organizationally under Licensed Independent Practitioners in the clinical setting to maximize their utility and value to Veteran care. In FY 2020, the number of facilities who have implemented the Intermediate Care Technician program grew 100 percent. There are currently 60 VA medical centers that have established Intermediate Care Technician programs with the goal of continuing to expand to all 170 VA medical centers. The number of approved Intermediate Care Technician positions has increased by 144 percent, with 366 approved Intermediate Care Technician positions.

Finally, the Veterans Health Administration is using a direct marketing campaign to recruit military medical professionals currently in the transition process. The Veterans Health Administration uses data provided by DoD to identify transitioning Service members, anticipated date of discharge, and military occupation specialty. In FY 2020, the Veterans Health Administration sent 317,064 emails to transitioning Service members. The Veterans Health Administration has also implemented a broader marketing campaign employing the use of social media, blogs, and attendance at outreach events, in addition to sending transitioning Service members promotional materials through Veteran resource emails to over seven million subscribers.

In June 2020, the Health Executive Committee reported to the Joint Executive Committee that all joint milestones for this priority initiative had been completed. This initiative will continue outside the formal structure of the Health Executive Committee and Joint Executive Committee through the Veterans Health Administration Office of Workforce Management.

Objective 3.3. VA-DoD Health Care Staffing Services

In FY 2020, the Departments concluded a multi-year effort to assess the feasibility of creating a joint strategic sourcing Health Care Staffing Services contract for VA and DoD medical facility staffing requirements in the United States and territories. The intended outcome of the effort was to create staffing synergy rather than competition, afford opportunities to level staffing costs in similar markets and to integrate best practices.

The Health Executive Committee's Integrated Product Team concluded its analysis in FY 2019 and confirmed findings of substantial risks. The team confirmed that establishing a joint Health Care Staffing Services contract would yield no cost savings to the Departments but would instead increase performance and schedule risks. As a result, the Integrated Product Team was unable to justify the contract development and administrative costs needed to stand-up a proposed program management office to further develop the Health Care Staffing Services

concept. The team was also unable to resolve policy and statutory constraints without legislative relief.

The Integrated Product Team formally submitted its recommendations to the Health Executive Committee and Joint Executive Committee during the first quarter of FY 2020 not to create a joint acquisition strategy and program. Both the Joint Executive Committee and Health Executive Committee approved the recommendation and closed Joint Strategic Plan Objective 3.3., however, the Integrated Product Team's conclusion did support the following three program areas:

- 1) Sharing best practices to include the Interim Staffing Program, Community-Based Outpatient Clinics; and medical affiliations;
- 2) Pursuing statutes to shape joint procurement opportunities, while leveraging existing resource sharing agreements; and
- 3) Pursuing other collaborative staffing opportunities.

As such, the Health Executive Committee's Acquisition & Medical Materiel Management Working Group will continue to pursue future opportunities in this area.

Objective 3.4. Supply Chain Modernization/Defense Medical Logistics Standard Support

On August 4, 2020, VA and DoD began the incremental deployment of the Defense Medical Logistics Standard Support, a single, integrated end-to-end logistics and medical support services management system at the Captain James A. Lovell Federal Health Care Center located in North Chicago. The Departments completed full deployment at the site on September 21, 2020. The transition to Defense Medical Logistics Standard Support at the first VA site represents the culmination of years of preparatory work defining processes to enable VA Information Technology systems to interface with Defense Medical Logistics Standard Support. Achieving this milestone, in the transition to Defense Medical Logistics Standard Support, is a significant accomplishment toward medical logistics modernization efforts, with direct impacts on the quality of VA-DoD clinical care, patient safety, and access to care. VA is documenting lessons learned from the deployment at the Captain James A. Lovell Federal Health Care Center and will apply these insights to the deployment of Defense Medical Logistics Standard Support at facilities across the VA enterprise.

Defense Medical Logistics Standard Support provides innovative real-time analytics capability, reduces costs, allows more time for patient care, and ensures compliance with Federal regulations and standards. Additionally, deployment efforts are being synchronized with the Federal Electronic Healthcare Record Modernization Program and the Financial Management Business Transformation Program, to streamline and standardize business processes across VA and support interoperability with DoD. The integration and the coordinated deployment of these three major programs will further enable the Information Technology Modernization initiatives of the VA.

As a result of COVID-19, in September 2020, VA and DoD paused the implementation of Defense Medical Logistics Standard Support but continued technical and planning activities.

VA and DoD will resume deployments at Veterans Integrated Service Network 20 sites in FY 2021. Despite COVID-19, VA and DoD are exploring ways in which to accelerate the Defense Medical Logistics Standard Support deployments enterprise-wide, with the objective of completing deployment in FY 2025, rather than FY 2027.

Objective 3.5. Joint Sharing of Facilities and Services

VA and DoD Capital Asset Planning Committee, previously known as the Construction Planning Committee, was established in 2005 to provide a formalized structure to facilitate cooperation and collaboration between the Departments that are mutually beneficial in achieving an integrated approach to planning, design, construction (major and minor), leasing and other real property related initiatives for medical facilities.

The on-going strategic goals of the Capital Asset Planning Committee are:

- 1) Achieve an integrated market approach to medical facilities planning that considers strategic capital issues that are mutually beneficial to both Departments;
- 2) Provide stewardship in the capital and project arenas to the Joint Executive Committee structure to ensure collaborative opportunities for joint capital asset initiatives are optimized; and
- 3) Provide joint capital and strategic program guidance.

Despite continued Congressional interest in increased VA and DoD joint medical sharing in markets and repeated attempts by VA and DoD to enact legislation that would provide authorities for joint planning in this area, the lack of legislative relief has significantly hampered this objective.

For several years, including FY 2020 in the 116th Congress, VA and DoD have pursued legislative changes to provide the needed authority to expand their existing collaborative relationship to permit proactive and more detailed joint capital investment planning, construction, and leasing of co-located and shared medical facilities. The lack of such authority results in a loss of opportunities for effective joint facility planning. The Capital Asset Planning Committee, with Joint Executive Committee leadership support, continued working in FY 2020 to pursue combined legislation that would provide the authority that eliminates major obstacles to collaboration on joint capital projects, thereby improving the efficiency, accessibility, and cost-effectiveness of health care delivery for beneficiaries, including Service members, Veterans, and taxpayers.

The Capital Asset Planning Committee staff endorsed and supported efforts for collaborative DoD Visioning Studies (Strategic Market Assessments) and VA Market Assessments to help identify areas suitable for joint capital and project coordination. The Capital Asset Planning Committee continued to develop a collaborative evaluation criteria, process, and timeline for potential shared joint VA-DoD opportunities. This is being accomplished through coordination in markets and locations where VA and DoD have facilities that are in close proximity to identify opportunities for shared facilities and services. While many facilities have been identified that could benefit from expanded collaboration in these areas, VA and DoD are unable to act without

legislative changes. Additionally, the Capital Asset Planning Committee continues to actively participate in the Departments' capital investment review process to identify areas suitable for joint capital and project coordination.

GOAL 4 – Interoperability

Create seamless integration of VA and DoD data that improves quality of outcomes, maximizes value, and increases speed of decision-making across both Departments.

Objective 4.1. Federal Electronic Health Record System Modernization Interoperability

Throughout the reporting period, the Federal Electronic Health Record Modernization Program Office partnered with VA, DoD, and the Department of Homeland Security' United States Coast Guard, making significant progress in Electronic Health Record System modernization, including enhancement of interoperability between VA, DoD, and United States Coast Guard, and with the private sector.

Establishing the Federal Electronic Health Record Modernization Program Office's Charter and New Leadership

During the first quarter of FY 2020, the Deputy Secretaries for VA and DoD signed the Federal Electronic Health Record Modernization Program Office's charter, fully formalizing the Federal Electronic Health Record Modernization Program Office, which was built on the foundations of the prior DoD/VA Interagency Program Office. The new charter established the Federal Electronic Health Record Modernization Program Office's responsibility to implement a single, common Federal Electronic Health Record System that contributes to full interoperability of health care information between the Departments and that advances interoperability with the private sector.

The new charter charged the Federal Electronic Health Record Modernization Program Office to manage an organizational structure to enable decision-making in the joint space and to identify opportunities for efficiency, standardization, and system/process optimization through delivery and optimization of joint solutions. Throughout the reporting period, the Federal Electronic Health Record Modernization Program Office's agile management model provided a centralized structure for joint Federal Electronic Health Record System modernization decisions accountable to both VA and DoD Deputy Secretaries.

Dr. Neil Evans and Ms. Holly Joers were appointed as interim Director and Deputy Director, respectively, in the fourth quarter of FY 2019 and served through the majority of this reporting period. Supported by a VA and DoD Executive Review Panel, the Deputy Secretaries of both Departments selected Mr. William Tinston as the Federal Electronic Health Record Modernization Program Office Director and Mr. Ed Reyelts as the Federal Electronic Health Record Modernization Program Office Deputy Director and a formal Federal Electronic Health Record Modernization Program Office leadership transition occurred during the fourth quarter of FY 2020.

Joint Health Information Exchange

The Federal Electronic Health Record Modernization Office collaborated with the Departments to launch the joint Health Information Exchange in April 2020. The joint Health Information Exchange connects VA, DoD and United States Coast Guard providers with a large number of private sector partners, representing more than 2,000 hospitals, 8,800 pharmacies, 33,000 clinics, 1,100 labs, 800 Federally qualified health centers and 300 nursing homes, to help health care providers in both Departments and in the private sector make more informed treatment decisions as they care for Service members, Veterans, and DoD beneficiaries.

This single exchange establishes the foundation for integration with the single, common Federal Electronic Health Record System and for future expansion of Health Information Exchange networks. During the first quarter of FY 2021, the Federal Electronic Health Record Modernization Program Office will significantly expand the number of private sector providers participating in the joint Health Information Exchange by connecting with the CommonWell Health Alliance, a nationwide network of more than 15,000 provider sites.

Federal Electronic Health Record System and Capability Delivery

Throughout the reporting period, the Federal Electronic Health Record Modernization Program Office played an integral role in Federal “go-lives” of the new Federal Electronic Health Record System and health information technology capabilities. Partnering with the Departments, the Federal Electronic Health Record Modernization Program Office analyzed issues and mitigated risks, identified opportunities for efficiencies, and provided the common capabilities and software solutions to enable an effective Federal Electronic Health Record System implementation for VA, DoD and United States Coast Guard. This effort led to the successful deployment of the Federal Electronic Health Record System to 15 Federal locations.

In support of the Federal Electronic Health Record System, the Federal Electronic Health Record Modernization Program Office, the Departments’ program offices, other key Department-based stakeholders, and the Federal Electronic Health Record vendor consortium completed a significant block upgrade to software capability within the Federal Electronic Health Record System, notably advancing the referral management and revenue cycle capabilities. In FY 2020, the Federal Electronic Health Record Modernization Program Office supported the delivery of the single, common Federal Electronic Health Record System to four United States Coast Guard pilot sites and 10 DoD military medical treatment facilities. In addition, the Federal Electronic Health Record Modernization Program Office also supported the VA’s implementation of its Centralized Scheduling Solution at Chalmers P. Wylie Ambulatory Care in Columbus, Ohio during FY 2020.

Interoperability Standards

Throughout FY 2020, the Federal Electronic Health Record Modernization Program Office, in collaboration with stakeholders, advanced several interoperability standards. The Federal Electronic Health Record Modernization Program Office led the Health Level Seven International community to reach consensus on the Basic Provenance for Consolidated Clinical Document Architecture and Fast Healthcare Interoperability Resources standard. This

accomplishment defined testable technical interpretations of the Office of the National Coordinator for Health Information Technology interoperability requirements. These standards provide the functional and technical foundations for communicating “Minimum Viable Provenance” in Consolidated Clinical Document Architecture and Fast Healthcare Interoperability formats, improving transparency into the origins of data, and promoting trust across sharing partners.

Further, the Federal Electronic Health Record Modernization Program Office convened representatives from VA, DoD, American Dental Association and the Health Level Seven community to develop standards for Dental Data Exchange. This work is expected to result in two Dental Data Exchange standards being published by the end of calendar year 2020. Establishing such standards for sharing computable dental findings across Departments and private sector providers will enhance the patient record and facilitate readiness assessments.

Joint Site Deployment

To further the Departments’ Federal Electronic Health Record System deployment operations, the Federal Electronic Health Record Modernization Program Office spearheaded efforts to establish a common approach to deploy Federal Electronic Health Record System capabilities to joint sites. Deploying the Federal Electronic Health Record System to shared-resource, integrated VA and DoD facilities requires careful collaboration, joint decision-making and a thorough understanding of the possible effects of the Federal Electronic Health Record System deployment. The Federal Electronic Health Record Modernization Program Office is leading the analysis and integration of deployment activities at these joint sites with a specific focus on technical, functional and programmatic issues, including implementation schedules, joint access and network security.

COVID-19 Response

In response to COVID-19, the Federal Electronic Health Record Modernization Program Office worked closely with VA, DoD and United States Coast Guard to mitigate challenges and establish prioritized activities to advance technical solutions, capability delivery and joint initiatives. To meet the operational requirements driven by COVID-19, the Federal Electronic Health Record Modernization Program Office focused on what Federal Electronic Health Record System implementation looks like within the new normal of health care delivery and how Information Technology capabilities can support this new normal. As a result, the Federal Electronic Health Record Modernization Program Office identified and championed joint opportunities to deliver telemedicine via connected virtual care capabilities, including leveraging the VA’s patient-facing video platform, VA Video Connect, to develop a parallel DoD virtual care delivery by video capability.

Interoperability Modernization Strategy

The Federal Electronic Health Record Modernization Program Office led the development of the VA and DoD Interoperability Modernization Strategy. This strategy provides a comprehensive framework to deliver interoperable solutions to promote health and wellness; enhance the delivery and experience of care; build a secure, data-driven ecosystem to accelerate research and

innovation; and connect health care and health data. Ultimately, this strategy provides a feasible, achievable path towards a fully interoperable system that benefits both beneficiaries and their caregivers.

Joint Configuration Management

The Federal Electronic Health Record Modernization Program Office established the Joint Sustainment and Adoption Board, a joint governance body responsible for approval of all joint Federal Electronic Health Record System content and configuration changes and initiated activities. The Joint Sustainment and Adoption Board is essential to operating the Federal Electronic Health Record System, providing VA, DoD and United States Coast Guard insight into all configuration decisions impacting the production baseline.

The joint Functional Decision Group was established by the Federal Electronic Health Record Modernization Program Office to evaluate joint functional issues impacting the implementation and sustainment of the common record system. Chaired by representatives from VA and DoD as functional champions, the Functional Decision Group retains decision authority for all joint functional Federal Electronic Health Record System issues that cannot be resolved by clinical and business subject matter experts at a lower level. In FY 2020, the Functional Decision Group successfully engaged the joint decision-making process in several joint domains, to include: Gender Identity, Medical Procedure and Specialty Mapping and Joint Data Needs.

Joint Enclave Management and Technical Accomplishments

The Federal Electronic Health Record Modernization Program Office refocused the Environment Management Operations Center to identify and resolve issues resulting from the use of shared resources in the Federal Electronic Health Record System hosting environment. This enabled VA, DoD and United States Coast Guard to address joint risks, issues and opportunities and pursue initiatives that would benefit from a joint technical approach. This initiative resolved Centralized Scheduling Solution design issues and contributed to a successful “Go-Live” in Columbus, Ohio. The Environment Management Operations Center helped the Departments tackle such diverse and complex issues as telehealth and tele-Intensive Care Unit, joint incident management response and domain strategy and design. The Environment Management Operations Center effort is a driving force for the Departments and the Federal Electronic Health Record Modernization Program Office to achieve an integrated plan for the single, common Federal Electronic Health Record System and work through technical issues while continuing capability delivery.

Through the Information Technology Steering Committee, the Federal Electronic Health Record Modernization Program Office helped resolve significant technical challenges regarding the development of a shared accreditation process for medical devices; led troubleshooting for VA’s information routing on DoD Self-Service Logon outages; and implemented use of an electronic data interchange personal identifier as an interim solution for the joint access management and supporting policy waivers.

Productive Partnering Efforts

The Federal Electronic Health Record Modernization Program Office successfully cultivated the collaboration and continuous dialogue with VA, DoD and United States Coast Guard that drove Federal solutions and addressed technical, functional and programmatic issues. This close partnering improved the visibility and prioritization of joint risks, issues and opportunities.

These partnering efforts resulted in practical management of environments within the Federal Enclave, solutions for lifetime pharmacy encounters, presentation of all lab test results within the patient portal, joint approach to life sustaining treatment orders and patient linking within HealthIntent. Under the Federal Electronic Health Record Modernization Program Office's leadership and guidance, VA, DoD and United States Coast Guard are more closely aligned than ever before in implementing a single, common Federal Electronic Health Record System.

Objective 4.2. Integrated Disability Evaluation Bi-directional Case File Transfer Capability

Since 2007, VA and DoD have jointly operated the Integrated Disability Evaluation System to evaluate VA and DoD disability-related benefits if the Service member is unable to serve due to medical disability. This process evaluates the Service member and determines if the member should return to duty, separate, or retire from service due to medical disability. Service members determined unfit for continued military service are advised of their entitlement to VA and DoD disability-related benefits before they are discharged. The Integrated Disability Evaluation System Working Group, in collaboration with the Military Departments Integrated Disability Evaluation System representatives, have implemented several enhancements to improve the performance and efficiency of the Integrated Disability Evaluation System process.

To ensure the health and safety of both Service members and medical providers during the COVID-19 pandemic, in-person medical examinations were temporarily halted in March 2020 and the Integrated Disability Evaluation System program shifted to virtual telehealth examinations wherever possible. The impact of COVID-19 and the inability to conduct required in-person examination significantly impacted the Integrated Disability Evaluation System, resulting in over 10,000 Integrated Disability Evaluation System claims pending a medical evaluation at the end of FY 2020. The Integrated Disability Evaluation System gradually resumed in-person examinations throughout the year in accordance with safety standards. VA and DoD are aggressively monitoring and working to quickly address the pandemic-created inventory of Integrated Disability Evaluation System claims.

In FY 2020, the Integrated Disability Evaluation System Working Group successfully implemented the following initiatives approved by the Medical and Personnel Executive Steering Committee in FY 2019:

- VA began processing Integrated Disability Evaluation System claims in parallel phases, initiating with a pilot in December 2019 and completing full implementation in May 2020. In this process, VA's rating stage occurs concurrently with DoD's Medical Evaluation Board and Informal Physical Evaluation Board stages. This

change in VA processing significantly improves processing time, resulting in a 78.5 percent reduction in pre-COVID-19 rating processing time; and

- VA and DoD have collaborated to fulfill the requirement of a multi-disciplinary brief by Physical Evaluation Board Liaison Officers, Military Department Attorneys, and VA Military Service Coordinators to Service members shortly after their referral to the Integrated Disability Evaluation System. This multi-disciplinary brief is intended to set Service members' expectations and provide guidance on the process. VA has standardized the multi-disciplinary briefing across services, though Service implementation can vary by branch of Service.

The Departments continue efforts to implement the Joint Executive Committee Integrated Disability Evaluation System Working Group priority to “achieve full operational capability to electronically transfer Service Treatment Records and Disability Benefits Questionnaires within the Integrated Disability Evaluation System.” Beginning in March 2018, VA implemented the capability to electronically return VA completed Separation Health Assessment Disability Benefits Questionnaires to DoD via the Veterans Benefits Management System and the Health Artifact and Image Management Solution. This eliminated manual transmission of Disability Benefits Questionnaires between Departments.

Work continues to implement the electronic transfer of Service Treatment Records from DoD to VA. Due to the COVID-19 pandemic, completing validation testing and implementation plans were delayed, however, efforts resumed in July 2020 to re-engage in electronic Service Treatment Record transfers between Departments. Testing of Service Treatment Record transfer functionality began late September 2020. Testing analysis will identify a projected implementation date. Once implemented, this capability will eliminate the need for manual transmission of the Service Treatment Record to VA.

Objective 4.3. Joint Architecture

The Joint Engineering and Architecture Working Group, under the Information and Technology Executive Committee, was created to provide the engineering and architecture support (transport/network, identity and access, cybersecurity, and data) needed to facilitate a common shared Federal Electronic Health Record System infrastructure environment used by health care providers at DoD military medical treatment facilities and VA medical centers, patients, and authorized third parties.

In FY 2020, the Joint Engineering and Architecture Working Group helped lay the foundation for a successful implementation of the joint Electronic Health Record System. Working with the Federal Electronic Health Record Modernization Program Office, the Joint Engineering and Architecture Working Group was able to drive the Federal Electronic Health Record System solutions, addressing technical issues. The group worked on the architecture to ensure a successful launch of the Joint Health Information Exchange in April 2020. The Joint Health Information Exchange connects VA, DoD and United States Coast Guard providers with a large number of private sector partners, representing more than 2,000 hospitals, 8,800 pharmacies, 33,000 clinics, 1,100 labs, 800 Federally qualified health centers and 300 nursing homes, to help

health care providers in both Departments and in the private sector make more informed treatment decisions as they care for Service members, DoD beneficiaries, and Veterans.

Objective 4.4. Identity Management

The VA-DoD Identity, Credentialing, and Access Management Working Group, under the Information and Technology Executive Committee, formerly the Information Technology Steering Committee, was established to ensure VA and DoD alignment and interoperability of enterprise-level efforts involving Identity, Credentialing, and Access Management. The Working Group is responsible for providing strategic coordination of VA and DoD Identity, Credentialing, and Access Management enterprise-level projects, investments, initiatives, and engineering activities in order to ensure alignment and interoperability in the short and long-term.

The VA-DoD FY 2019-2021 Joint Executive Committee Joint Strategic Plan tasked the working group to provide joint data identity services to support VA-DoD Federal Electronic Health Record System Modernization and to develop a single VA-DoD Identity Management System Solution. The Working Group achievements supporting interoperability of the VA-DoD Joint Federal Electronic Health Record System include: Completion of the enumeration of VA patient records required to support VA Initial Operating Capability and deployment to production in VA and DoD environments of the Defense Manpower Data Center and VA Master Person Index in support of Joint Patient Identity Management System services and enhancements. Also, the Information and Technology Executive Committee approved formalizing DoD policy on the use of the Electronic Data Interchange Personal Identifier as an authentication solution for VA users until the Federal Unique Identifier, or another long-term solution, can be implemented by the Federal Electronic Health Record System Modernization vendors. The VA Health Professions Trainee Background Investigation Waiver Request was also approved.

GENERAL OBJECTIVES

When the FY 2019-2021 Joint Strategic Plan was published in March 2019, the following Joint Executive Committee priority initiatives were considered general objectives since action plans had not been developed yet. Action plans with milestones and target dates were developed in FY 2019 and continued to be tracked by the Joint Executive Committee in FY 2020.

General Objective 1. Joint Plan to Modernize External Digital Authentication

As outlined in Objective 4.4, the Identity, Credentialing, and Access Management Working Group, under the Information and Technology Executive Committee, is responsible for providing strategic coordination of VA and DoD Identity, Credentialing, and Access Management enterprise-level projects, investments, initiatives, and engineering activities in order to ensure alignment and interoperability in the near and long-term. The FY 2019-2020 Joint Executive Committee Guidance memorandum tasked the Working Group to develop a joint strategy to modernize the way Service members, Veterans, beneficiaries, and other external users log in to VA and DoD services that currently use DoD Self-Service Logon.

In support of the DoD Self-Service Logon initiative to improve access capabilities, the Working Group launched the Login.gov pilot with 3,000 accounts being successfully established and over 9,000 authentications logged; implemented DoD Self-Service Logon Two-Factor Authentication and One-Time Password; enabled a device analysis capability which blocks digital transactions from high-risk devices in conjunction with Two-Factor Authentication; delivered improved application monitoring and an internal performance dashboard for DoD Self-Service Logon; developed a plan to further secure DoD Self-Service Logon and the acquisition package to enable execution; implemented application performance monitoring tools and developed a detection and response management plan to better manage DoD Self-Service Logon's response to fraud.

General Objective 2. VA-DoD Reimbursement Process

VA and DoD continue to work together to develop and implement a standard process between the Departments for enterprise-wide payment and reconciliation to manage financial and medical care workload. In support of this objective, the Departments continue to develop a prospective advance payment process, a simplified central data payment reimbursement model, to replace the existing resource intensive individual claims-billing reimbursement process.

An initial pilot was established in FY 2018 between the Biloxi Veterans Health Care System and Naval Hospital Pensacola for outpatient services to test and validate the prospective advance payment methodology and make a determination as to whether or not it will make resources available in a timelier manner to the DoD locations to reimburse them for care provided to VA patients. The pilot identified many process improvements that are being implemented during expansion to additional locations.

In May 2020, military medical treatment facilities in the National Capital Region and Veterans Integrated Service Network 5 initiated the next round of advance payment pilot testing. This pilot site includes outpatient, inpatient, and emergency care. Initial results appear favorable for national deployment in FY 2021.

Program accomplishments, to date, include a shortened revenue cycle and increased timeliness of funds, reduced number of denied claims, improved management of dual eligible patients, reduced number of billing exceptions, and improved VA referral matching:

- Improved Revenue Cycle & Funds Availability - Upfront, quarterly VA funds transfers are performed (based on historic workload), with funds made available monthly based on claims validation cycle;
- Reduction of Denied Claims - Improvements each month at the National Capital Region pilot location include a reduction from an initial 213 denied claims in May 2020 to 167 claims in September 2020. At the end of FY 2020, there were 6,559 claims approved through the process, with a 74 percent initial acceptance rate via an automated validation process against VA consults. Improved collaboration by VA and DoD facilities will continue to reduce errors and the adjudication process will continue to improve;

- Management of Dual Eligible Patients - Linking the patient's eligibility category, Social Security Number, Date of Birth, and referred health care specialty, has simplified reimbursement;
- Linked Ancillary Services - Ancillary care is automatically linked with relevant claims for a 12-month period, which dramatically reduced the number of billing exceptions;
- Improved VA Referral Matching - The advance payment clean claims report provides the fiscal backup required to demonstrate appropriate payment and reimbursement for authorized health care. These clean claims provided the necessary documentation that proves the DoD care was referred by VA and provided according to the consult in order to achieve a successful audit; and
- Agreed Value of Care - VA and DoD Office of General Counsel have validated that the two Departments are able to establish reimbursement schedules under section 8111 authority. This makes it easier to expand the process to other locations. A review needs to be completed to determine if TRICARE less 20 percent is adequate and acceptable for the expanded utilization of the advance payment process.

An efficient bi-directional transfer portal supporting increasing VA and DoD patient and claims data sharing is being explored. The joint sharing capability needs to include secure access to the data by both VA and DoD entities, automated transfer of Personally Identifiable Information/Protected Health Information data, and the development of workflow tools to support the data exchange process.

Since DoD operates within a single year appropriation, the original goal for advance payment was to allow military medical treatment facilities to utilize all funds during the year of execution, however, based on General Counsel guidance, only clean claims recognized by FY end may be used in the current year. Funds received after the FY end can only be used for prior year obligations but cannot be obligated prior to the claims being validated. The project team is exploring alternative methods that would allow military medical treatment facilities to utilize funds over multiple fiscal years, but this may require legislative relief.

General Objective 3. Credentialing

The Departments continue to work together to facilitate sharing of health care providers across VA and DoD facilities. Sharing health care providers enables supplemental staff to respond to high clinical demands, improve patient access to care, create opportunities for providers to maintain skills, and increase collaboration among providers. The Credentialing Working Group, aligned under the Health Executive Committee, supports these goals by identifying, assessing, and promoting strategic opportunities for the coordination of credentialing services and resources between Departments.

For several years, VA and DoD pursued a joint electronic solution for sharing provider credentialing information. In FY 2019, however, the decision was made not to pursue the joint

electronic solution as it was not a viable, cost-effective solution. VA and DoD agreed to continue using their own designated credentialing processes.

A memorandum of understanding signed by the Departments in 2010 regarding credentialing for shared providers describes the current manual process for sharing primary source verifications for credentialing the small number of shared providers between Departments. With the Health Executive Committee's decision, the Credentialing Working Group began work to update the Memorandum of Understanding that allowed each Department to accept the other's credentialing process in accordance with The Joint Commission standards for credentialing. Although delayed this year by the need to redirect personnel and resources to respond to the COVID-19 pandemic, the updated Memorandum of Understanding is expected to be finalized in early FY 2021.

General Objective 4. Telehealth

The VA-DoD Telehealth/Virtual Health, aligned under the Health Executive Committee, develops and promotes strategic opportunities for the coordination and sharing of telehealth-related services and resources between the Departments. Telehealth uses technology to overcome traditional barriers to health care and enhances the accessibility, capacity, and quality of health care for Service members, Veterans, their families, and their caregivers.

In FY 2019, the VA and DoD Telehealth/Virtual Health Working Group established a strategic goal to share equivalent Telehealth/Virtual Health quality and competency requirements between Departments. To begin achieving the goal, VA and DoD collaboratively updated Telehealth/Virtual Health training modules to share educational content between Departments. The revised VA Tele-Presenter and Tele-Provider training modules went live in January 2019 and DoD interim training modules went live in August 2019, with final products going online in October 2019. These modules, covering clinic-to-clinic telehealth services, provide a mutual, common baseline framework for competency development.

In FY 2020, to build on these efforts and expand the available training content, VA and DoD telehealth stakeholders began developing two additional modules for use within DoD. The Virtual Health Care Manager Introduction will provide an overview of the Care Management Team and functions to include key players, ethics, staging of a virtual meeting, and safety concerns. The other module, the Virtual Health Tele-Critical Care Training for Patient "Spoke" Sites, provides personnel at a tele-critical care patient-end site with an introduction to Tele-Critical Care monitoring. Tele-critical care within both VA and DoD operates on "Hub & Spoke" models, with hub locations being where the tele-critical care physician and other critical care specialists work and the spoke location being the critical care setting where the patient is located. These efforts will have direct benefits for VA and DoD beneficiaries, by ensuring that Telehealth/Virtual Health providers in both Departments are highly skilled in the application of Telehealth/Virtual Health techniques and procedures relevant to their clinical areas.

Telehealth/Virtual Health use across the country increased in FY 2020 as the COVID-19 pandemic emergency evolved. While VA and DoD have long been leaders in Telehealth/Virtual Health capabilities, FY 2020 saw a significant growth in the technology's usage. Within the DoD, Direct Care synchronous ("real time") Virtual Health and clinical telephone encounters saw a 4-5x increase between the second and fourth quarters of FY 2020. During that same

period, clinical provider accounts for the DoD's interim video solution quadrupled. In addition, COVID-19 Remote Patient Monitoring pilots were launched to monitor patients at home to prevent "soft admissions" of COVID-19 positive patients as well as to monitor recovery after discharge. Finally, VA and DoD Telehealth/Virtual Health Subject Matter Experts shared their expertise in several "lessons learned" sessions on telehealth delivery during the pandemic. Within VA, the number of video visits to Veterans in their homes or at another non-VA location of the Veteran's choice increased dramatically; there were 10,695 video visits to the home the week of March 1, 2020 and by the final week of FY 2020, the weekly total of video visits to home increased to 176,218 - an increase of 1,475 percent. In FY 2020, VA was providing up to 38,000 video visits to home per day to Veterans nationwide.

In March 2020, the Joint Executive Committee closed the Health Executive Committee initiative to develop additional joint Federal Electronic Health Record System Functional Requirements for Telehealth/Virtual Health, as the effort falls under the purview of the Federal Electronic Health Record Modernization Program Office and will be pursued under the Federal Electronic Health Record Modernization Program Office's development of the joint Federal Electronic Health Record System. The Health Executive Committee Telehealth Working Group will no longer report on the status of this initiative.

General Objective 5. Military Medical Provider Readiness

The Departments continue to implement the military medical provider readiness initiative, which was established as a priority issue in the VA-DoD Joint Strategic Plan for FY 2019-2021. The VA and DoD objective is to establish a process to increase VA purchased care patient referrals to military medical treatment facilities with excess clinical capacity to support Graduate Medical Education and wartime skills maintenance. This effort is led by the Health Executive Committee Shared Resources Working Group, chartered to explore and identify opportunities for collaboration between VA and DoD that are mutually beneficial at improving access, quality, safety, clinical readiness of providers, and cost effectiveness of care provided to beneficiaries.

The milestone timelines developed for establishment and implementation of a data-driven methodology to identify resource sharing opportunities was significantly delayed due to the COVID-19 pandemic. Working group members involved with the development of the methodology were pulled away to focus on COVID-19 related assessments, causing implementation of the methodology to be pushed to FY 2021.

Though delayed, VA and DoD team members continued to test and refine the Demand - Capacity Data Alignment and Analysis tool. When completed, the methodology and tool will be used to conduct a comparative analysis between DoD underutilized clinical capacity and the Veterans Health Administration unmet access to care demand. By the end of FY 2020, all outpatient VA and DoD data elements had been identified and manually extracted from the DoD Military Health System Data Repository and VA Corporate Data Warehouse supporting approximately 360 VA medical centers within 60 minute drive time of 130 DoD military medical treatment facilities (national drive time standard for specialty care referrals). The validation of the tool's utility and reporting the team's findings and recommendations to Departmental leadership will occur in FY 2021.

General Objective 6. Sexual Trauma

The Sexual Trauma Working Group was formally established as a Joint Executive Committee working group by General Objective 6 in the VA-DoD Joint Strategic Plan for FY 2019-2021, signed March 18, 2019. The Working Group provides the structure for VA and DoD to continue strengthening efforts to collaborate and facilitate treatment for transitioning Service members who experienced sexual trauma during military service, assist Veterans in filing related disability claims, and ensure plans are implemented to process sexual trauma claims efficiently and effectively.

Accomplishments for FY 2020 include coordinating and publishing the annual VA-DoD Joint Executive Committee Military Sexual Trauma Report to Congress for FY 2019, appointing Working Group co-chairpersons and members, and coordinating the draft charter, establishing areas of focus and the umbrella term, “sexual trauma,” with a joint VA-DoD definition to encompass the Departments’ respective definitions.

VA and DoD use different language for sexual trauma during military service. DoD uses “sexual assault, intimate partner sexual abuse, and sexual harassment” while VA uses “military sexual trauma.” Establishing a joint definition promotes clarity of working group intent without seeking to change language for the Departments. The joint definition includes unwanted sexual contact and/or sexual harassment experienced by a Service member while serving on Active Duty, Active Duty for training or inactive duty training.

The term “military sexual trauma” is specific to VA and is described in 38 United States Code § 1720D(a)(A) as “psychological trauma, which in the judgment of a mental health professional employed by the Department [of Veterans Affairs], resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.” This treatment authority does not authorize care related to sexual assault and harassment that occurred outside of military service, although enrolled Veterans who have such experiences can receive care and treatment for them under separate authority. It is important to note that DoD does not use the term “military sexual trauma” to refer to sexual assault and harassment during a covered period of military service, but rather uses the terms “sexual assault” or “sexual harassment” separately. The term “military sexual trauma” is used only in the context of VA-related care under 38 United States Code § 1720D.

The Working Group established the following areas of focus for milestones and action items:

- Develop and implement action plans to support the strategic direction for VA and DoD joint coordination and to share efforts related to health care and benefits for Service members and Veterans who have experienced sexual trauma during military service;
- Ensure collaboration and communication between the Departments;

- Identify and assess further opportunities for the coordination and sharing of services and resources between the Departments to improve delivery of services for qualified beneficiaries;
- Develop and coordinate reports to Congress as related to the Sexual Trauma Working Group scope; and
- Identify processes to facilitate a standardized, streamlined and timely transfer of services to VA for Service members seeking access to VA services and disability benefits, to include but not limited to:
 - Warm hand-offs for healthcare services, when appropriate; and
 - Transfer of documentation associated with reported experiences of, sexual harassment or sexual assault, including against a spouse or intimate partner.

Additional Accomplishments

The following accomplishments support additional VA-DoD priorities established by Joint Executive Committee leadership after the initial publication of the FY 2019-2021 Joint Strategic Plan in March 2019.

Opioid Safety and Awareness

The Departments are partnering to develop an integrated approach to opioid and pain management and opioid use disorder treatment. The integrated approach engages both providers and patients and will focus on optimizing patient safety, health, and function when caring for Service members and Veterans. This effort requires partnership and collaboration among the VA-DoD Pain Management Working Group, VA-DoD Evidenced Based Practice Working Group, and VA-DoD Pharmacy Working Group aligned under the Health Executive Committee, as well as the VA and DoD Addiction Medicine communities. While the Nation is facing an epidemic of prescription medication overuse, abuse, and diversion, the Veterans Health Administration and DoD continue to align their policies, strategies, and clinical practice standards across the two health care systems.

In FY 2020, COVID-19 protocols limited face-to-face encounters with patients and re-prioritized clinical care needs at VA and DoD military medical treatment facilities, adversely affecting several of the Pain Management Working Group’s planned activities including urine drug screening, expanding access to acupuncture, and developing an opioid use disorder treatment plan. Where possible, alternate strategies were developed.

The Pain Management Working Group focused on developing common methodologies for providing clinicians and patients with the necessary education for self-administered acupressure using the telehealth and virtual health platforms in VA and DoD. To promote a common approach to patient education regarding the appropriate use and associated risks of opioid therapy, the DoD adopted the Veterans Health Administration informed consent form for long term opioid therapy in DoD military medical treatment facilities and is integrating this practice

into the revised Defense Health Agency Procedural Instruction for Pain Management and Opioid Safety. Additionally, the DoD developed an Opioid Education and Naloxone Dispensing initiative modeled after the Veteran Health Administration's Opioid Education and Naloxone Dispensing program. This train-the-trainer program for increasing the dispensing of the opioid overdose medication will be rolled out across all DoD military medical treatment facilities in FY 2021.

Initiated under the Opioid Management and Safety Initiative FY 2017 Joint Incentive Fund Project, the VA and DoD continue to align the standards and underlying assumptions regarding opioid overdose risk scores and metrics utilized in their respective health systems. The VA-derived Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression score has been integrated into DoD's opioid risk mitigation strategy and policy, resulting in DoD's successful deployment of the Opioid Prescriber Trend Report, a dashboard for tracking the number of opioid prescriptions at the market, facility, clinic, and prescriber-levels that includes components from the VA opioid registry. The Opioid Prescriber Trend Report also provides a visualization of opioid prescriptions written to patients meeting high-risk criteria (e.g., long term opioid therapy, concurrent opioid-benzodiazepines, opioid doses above 50 Morphine Equivalent Daily Dose) as well as naloxone co-prescription rates.

Joint Data and Analytics Strategy

In July 2020, the Joint Executive Committee formally launched a new VA and DoD joint initiative under the leadership of the Chief Data Officer of VA, and the Director of the Defense Manpower Data Center - the development of a VA-DoD Joint Data and Analytics Strategy. A Joint Executive Committee Independent Working Group was established to develop a joint vision, strategy, policy framework, and way forward for data and analytics in the Departments' areas of mutual concern. Initial information on the vision and mission for the VA-DoD Joint Data and Analytics Strategy was briefed by the leads at the Joint Executive Committee meeting in September 2020.

The Working Group selected journey mapping, the visualization of the process a person goes through in order to accomplish a goal, as a unifying framework for developing the joint strategy while keeping the Service member and Veteran perspectives at the forefront. Leveraging joint work that had already been done on Service member and Veteran journeys, a journey map is under development that follows the life of an individual from service in the military through the Veteran experience, displaying major life events and the associated data needed at each event. The Working Group will dive deeper into selected life events to analyze systems, process flows, data exchanges, and opportunities for leveraging data in service to those that have served.

A complementary effort was undertaken to capture the current ecosystem of data and analytics in the personnel, clinical, and benefits spaces across both Departments. This information is being aggregated into an activity map that will provide insights into initiatives, organizations, their interconnections, and ultimately identify gaps and opportunities for greater collaboration and synergies that can be leveraged and inform the joint data strategy.

VA and DoD are developing the joint data strategy in alignment with the Federal Data Strategy, VA Data Management and Analytics Strategy, Personnel & Readiness Strategy, and DoD Data

Strategy. A mission statement was derived to guide the development - “Utilize data as a cross-agency joint strategic asset to shape policy, enable data driven decisions, create operational efficiencies, and enhance experiences and outcomes.” Preliminary goals and objectives spanning people, processes, technology, data, and governance have been proposed to lay the groundwork for strengthening collaboration and integration while taking advantage of new technological advances to unlock fresh insights and capabilities through data. Collaboration has been initiated with the Health Executive Committee, Benefits Executive Committee, Federal Electronic Health Record Modernization Program Office, and Chief Data Office working groups on furthering the joint data strategy.

Work will continue in each of these areas into the next FY culminating in a VA-DoD Joint Data and Analytics Strategy and Roadmap that will enhance the Veteran and Service member’s end-user experience, streamline the transition process from active duty to Veteran status, and enable both Departments to better address critical data intensive requirements such as suicide prevention, health care, and benefits determination.

Patronage Expansion

Section 621 of the National Defense Authorization Act for FY 2019 authorized the extension of commissary, exchange, and certain morale, welfare and recreation retail facility privileges to Veterans awarded the Purple Heart, Veterans who are Medal of Honor recipients, Veterans who are former prisoners of war, Veterans with service-connected disabilities, and caregivers for Veterans. This benefit became effective on January 1, 2020, with VA and DoD reporting successful implementation on time with no major issues.

VA, DoD, and Department of Homeland Security worked together throughout FY 2019 and the first quarter of FY 2020 to find solutions for identifying new eligible patrons, facilitating installation access, and applying point of sale validation. VA and DoD established a joint Working Group and collaborated regularly to develop an implementation plan for in-person access to military installations that balances the needs of new eligible patrons with installation access security requirements.

The VA-DoD Patronage Expansion Working Group developed credentialing solutions to meet requirements for eligibility, identification, and access. Current acceptable credentials for access to this benefit include the Veterans Health Identification Card, Health Eligibility Center Form H623A plus REAL ID, or Caregiver Eligibility letter paired with REAL ID. These approved forms of identification are working well at installation access points and with resale/morale, welfare and recreation facilities. VA experienced a small increase in Veterans Health Identification Card requests/issuance during the first two months of implementation, but the volume then returned to levels experienced prior to the implementation.

While the initial implementation was a success, usage of the benefit has been low, especially since COVID-19-required restrictions on installations started in March 2020. Available data on the number of transactions at commissaries and exchanges suggests that only 200K of the 4.2M eligible Veterans and caregivers of Veterans were using the benefit through September 30, 2020. Usage is expected to increase once the COVID-19 pandemic is over.

With the success of implementation, lessons learned, and lower usage rates, there is an opportunity to re-evaluate possible credentialing solutions. The Joint Executive Committee co-chairs asked the Patronage Expansion Working Group to explore alternate options to meet requirements for base access, commissary use, and Veteran and caregiver eligibility verification, and to brief courses of action for decision.

The Working Group continues to explore courses of action to address gaps in credentialing. During the September 2020 Joint Executive Committee meeting, the Joint Executive Committee co-chairs indicated the available usage data was insufficient due to the COVID-19 pandemic to inform a decision. They asked the group to continue exploring credentialing options, but table a decision until the end of the COVID-19 pandemic enables collection of better usage data. The Patronage Expansion Working Group continues to collaborate to identify joint VA-DoD solutions to gaps in credentialing and will recommend courses of action to the Joint Executive Committee for decision after the end of the COVID-19 pandemic.

COVID-19 Response

In FY 2020, VA and DoD experienced impacts relating to the COVID-19 pandemic. While VA and DoD continue to work with other agencies across the Federal government to mitigate COVID-19 impacts, many programs and initiatives managed by the Joint Executive Committee quickly shifted to support Service members and Veterans.

A Change to Services Delivered

The safety of Service members, their families, and Veterans has remained at the forefront of senior leaders' priorities during the COVID-19 pandemic. Changes were quickly made to training missions, Permanent Change of Station moves, non-essential travel, and medical services to limit the spread of coronavirus. Even with rapidly changing safety conditions and policy shifts, many services were able to quickly shift to a digital platform to support Service members and Veterans in a safe way.

The jointly operated Integrated Disability Evaluation System in-person medical examinations were temporarily halted in March 2020, and the program shifted to virtual telehealth examination wherever possible. As safety conditions changed, in-person exams resumed but telehealth appointments remained prevalent.

Significant growth in the usage of telehealth and virtual health services occurred in FY 2020 due to COVID-19. Within the DoD, Direct Care synchronous ("real time") virtual health and clinical telephone encounters quadrupled between the second and fourth quarters of FY 2020. Moreover, VA was providing up to 38,000 video visits to home per day to Veterans nationwide at the end of FY 2020.

Tracking COVID-19 Impacts

Beginning in June 2020, joint executive committees and working groups began tracking initiatives affected by COVID-19 and reported impacts to senior leaders during quarterly meetings. In addition to highlighting impacts, efforts were coordinated between VA and DoD with mitigation next steps presented to senior leaders for discussion. Early intervention,

increased collaboration, and innovative strategies across the two Departments helped prevent many initiatives from being fully off-track.

As safety conditions shift in a positive direction in FY 2021 with the emergence of a COVID-19 vaccine, impacts may still be felt by programs and initiatives. VA and DoD will continue to work closely with the Federal Emergency Management Agency, Department of Homeland Security, Department of Health and Human Services, and the State Department to provide support to Service members, Veterans, and their families.

VA-DoD Legislative Collaboration

VA and DoD, through the Joint Executive Committee, have matured their legislative collaboration. Of note in FY 2020, the Departments collaborated on proposed legislation regarding joint capital asset planning.

Planning, Construction, and Leasing of Co-Located and Shared Medical Facilities

For several years, VA and DoD have pursued legislative changes to provide the needed authority to expand their existing collaborative relationship to permit proactive, more detailed joint capital investment planning, construction, and leasing of co-located and shared medical facilities. In FY 2020, VA and DoD submitted Combined Legislation that would provide this authority and eliminate a major obstacle to collaboration on joint capital projects, allowing projects to be identified based on market conditions and departmental capabilities to more effectively and efficiently use resources. Due to COVID-19 legislative priorities, the Combined Legislation failed to be enacted.

Reserve Component Duty Status Reform

VA engaged with DoD in a nine-month process to review, analyze, and assess the impact of the DoD legislative proposal to reform the Reserve Component Duty Status system, a high priority for the DoD with strong Congressional interest. The proposal reduces the number of Reserve Component activation authorities from 28-to eight, grouped into four duty categories aligned with pay and benefits which impacted VA healthcare, benefits and memorial services. The effort consisted of bi-weekly collaboration sessions with representatives of the Veterans Health Administration, the Veterans Benefits Administration, the National Cemetery Administration, the VA Office of Management and DoD's Office of Military Manpower to conduct a coordinated review and revision of the legislative text and prepare a cost estimate to VA. DoD then forwarded the proposal to the Office of Management and Budget.

SECTION 3 – NEXT STEPS

The accomplishments described in this VA-DoD Joint Executive Committee FY 2020 Annual Joint Report demonstrate concerted efforts between VA and DoD to improve the multiple areas of joint responsibility that directly affect the care and benefits of Service members and Veterans. This report provides updates in strategic areas that will continue to evolve until these joint initiatives become fully institutionalized into everyday operations. Both Departments are sincerely committed to maintaining and improving the collaborative relationships that make this progress possible.

Moving forward, the Joint Executive Committee will continue to drive joint coordination and sharing efforts between VA and DoD to support the strategic direction established in the FY 2019-2021 Joint Strategic Plan. The Departments will continue to demonstrate and track progress toward defined goals, objectives, and end-states, and to provide the continuum of care needed to successfully meet the needs of Service members and Veterans.

Appendix A – Organization

The Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, and Independent Working Groups are comprised of more than 40 Working Groups, Centers of Excellence, boards, and areas of oversight.⁴

Health Executive Committee Business Lines and Working Groups:

- Clinical Care and Operations Business Line
 - Credentialing Working Group
 - Pain Management Working Group
 - Patient Safety Working Group
 - Pharmacy Ad Hoc Working Group
 - Psychological Health Working Group
 - Telehealth Working Group
 - Vision Center of Excellence
 - Hearing Center of Excellence
 - Extremity Trauma & Amputation Center of Excellence
 - Traumatic Brain Injury Center of Excellence/ Defense and Veterans Brain Injury Center
 - Women’s Health Working Group
- Financial and Business Operations Business Line
 - Acquisitions & Medical Materiel Management Working Group
 - Financial Management Working Group
 - Joint Venture/Resource Sharing Working Group
 - Defense Medical Logistics Standard Support

⁴ VA-DoD Joint Executive Committee Organization List (as of September 30, 2020)

- Health Data Sharing Business Line
 - Interagency Clinical Informatics Board
- Professional Development Business Line
 - Continuing Education & Training Working Group
 - Evidence-Based Clinical Guidelines Working Group
- Research Business Line
 - Medical Research Working Group
 - Deployment Health Working Group
- Care Coordination Business Line
- James A. Lovell Federal Health Care Center Advisory Board

Benefits Executive Committee Working Groups:

- Communication of Benefits and Services Working Group
- Information Sharing/Information Technology Working Group
- Disability Evaluation System Working Group
- Service Treatment Records Working Group
- Transition Working Group

Transition Assistance Program Executive Council Working Groups:

- Transition Assistance Interagency Working Group
- Performance Management Working Group
- Curriculum Working Group
- Reserve Component Working Group
- Data Sharing/Information Technology Working Group
- Strategic Communications Working Group
- Information Sharing/Information Technology Working Group

- Senior Steering Group

Information and Technology Executive Committee

- Identity, Credentialing, and Access Management Working Group
- Enterprise Architecture Working Group
- Information Protection Working Group
- Military Personnel Data Working Group
- Information Technology Operations Working Group

Federal Electronic Health Record Modernization Executive Committee:

- Federal Electronic Health Record Modernization Program Office

Joint Executive Committee Independent Working Groups:

- Capital Asset Planning Committee
- Suicide Prevention Joint Action Plan Implementation Team
- Base Access Working Group
- Separation Health Assessment Working Group
- National Cemetery Administration /Department of the Army (area of oversight)
- Sexual Trauma Working Group
- Strategic Communications Working Group